PTO/SB/17 (12-04) substitute (kmp) Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

mp)

Effetive 12/08/2004. ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Complete if Known			
yees pursuant to the Consolidated Appropriat	ions Act, 2005 (n.R.4616)	Application Number	10/069,100		
EEE TDANGM	NITTAI	Filing Date	October 21, 2002		
FEE TRANSMITTAL		First Named Inventor	Martin P. USHER et al.		
For FY 200	5	Art Unit	2617		
Applicant claims small entity statu	s. See 37 CFR 1.27	Examiner Name	Kiet M. Doan		
TOTAL AMOUNT OF PAYMENT	\$950.00	Attorney Docket Number	11696.4009		

METHOD OF PAY	MENT (chec	k all that apply	<i>'</i>)				
	_	Money Order umber: 19-4293	None Dep	Other (p	lease identify):	Johnson	LLP
For the above-ident Charge fee(s)	ified deposit ac indicated below	-		authorized to: (darge fee(s) indic			iling fee
_ ,	37 CFR 1.16 a			dit any overpay		de credit card in	formation and
FEE CALCULATION							
1. BASIC FILING,SEAR	CH, AND EXAM	MINATION FEE	s	,			
Application Type	FILING	FEES Small Entity Fee(\$)	SEARC	H FEES Small Entity Fee (\$)	EXAMINAT	ION FEES Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design Plant	200 200	100 100	100 300	50 150	130 160	65 80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	s						Small Entity
Fee Description Each claim over 20 (included Each independent claim of Multiple dependent claims	ver 3 (including R	eissues)				Fee (\$) 50 200 360	Fee (\$) 25 100 180
Total Claims	Extra Claims	Fee(\$) Fee	Paid(\$)	м	ultiple Depende	ent Claims	
0 -20 or HP		x 25 =	\$	_		Fee Paid (\$)	
HP = highest number of tota Indep. Claims 0 -3 or HP+ HP = highest number of inde	Extra Claims 0	Fee(\$) Fee x200 =	Paid(\$) 0.00				
3. APPLICATION SIZE	EE			•			
If the specification and d 37 CFR 1.52(e)), the thereof. See 35 U.S.	application size	fee due is \$250) (\$125 for sm				
<u>Total Sheets</u>	Extra Sheets	Number o	f each additi	onal 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0 up to a whole n	umber)		0		\$250	\$0
(rouna	up to a whole h	uniber)					
4. OTHER FEE(S) Ap	peal Bri	ef (\$500)	and Tv	vo Monti	n Extens	sion	
	•	, ,			. =/(\(\)(\)		
Of	Time (\$4	130)				Fees Pa	
						\$950.	.00

SUBMITTED BY		ļ	
Signature	Varle D. Alexas 53638 for Registration No. 36,715	Telephone	(202) 429-3000
Name (Print/Type)	Scott D. Watkins	Date	3/19/07